

Increasing Hepatitis C Screening in Primary Care

Internal Medicine Program

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BACKGROUND

- In 2020, the CDC released new guidelines recommending HCV testing for all adults 18-79 years old, rather than just adults born 1945-1965.
- New cases of hepatitis C are on the rise, particularly in younger adults. In 2019, more than 63% of HCV infections were in younger adults (20s and 30s).
- Almost half of people with hepatitis C are unaware of their infection.
- Without treatment, around 20% of adults with HCV will develop progressive liver fibrosis and cirrhosis.
- Hepatitis C is now curable. Over 95% of people infected with HCV can be cured with 8-12 weeks of oral therapy.
- By screening more widely for Hepatitis C, we can prevent long-term complications like cirrhosis and hepatocellular cancer.

AIM STATEMENT

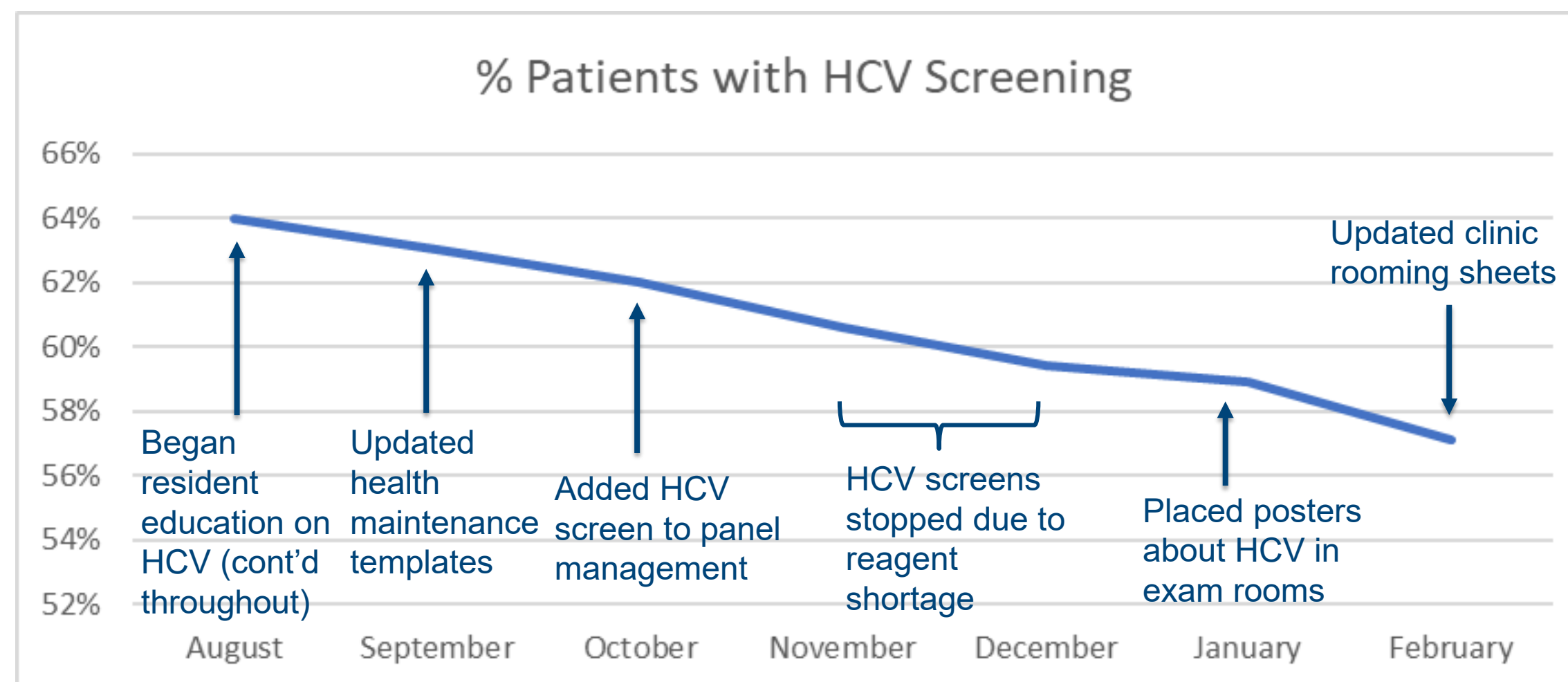
Increase total percentage of resident clinic patients (18-79 years old) who are screened for Hepatitis C from 64% to 70% in seven months (8/31/21-3/31/22).

METHODS/INTERVENTIONS

Multiple interventions were performed during the year to increase Hepatitis C screening in clinic.

- Updating Health Maintenance Templates:** The clinic note template's health maintenance section was updated to include Hepatitis C screening as a one-time screening test for ages 18-79 (as well as other health maintenance updates).
- Resident Education:** We educated residents about updated USPSTF guidelines during required didactic sessions, including Academic Half Day and Clinic Morning Report.
- Panel Management:** Hepatitis C screening was added to residents' patient panel management system, so they could monitor all patients' HCV screening status, not just patients in clinic recently.
- Hepatitis C Posters in Exam Rooms:** Educational posters from CDC.gov were printed and displayed in patient rooms. The posters portray eligibility, methods, and benefits of HCV screening to patients, who can talk with their providers about screening. The posters also remind providers to discuss HCV with patients.
- Updating Clinic Rooming Forms:** Working with our registration and nursing staff, we updated clinic rooming forms to include a question for patients about HCV screening status (as well as other health maintenance updates).

RESULTS



Month	% Patients with HCV Screen
August 31	64%
September 30	63%
October 31	62%
November 30	61%
December 31	59%
January 31	59%
February 28	57%

CONCLUSIONS

Although we did not meet our AIM, we implemented multiple interventions throughout our study period. A major focus was educating on the updated USPSTF guideline. Because there is no BPA that reflects this, we introduced other types of reminders that were likely less effective as they were not an automatic alert.

Of unscreened patients, the majority (60%) did not have a clinic visit during the intervention period. All our interventions relied on patients being at a visit.

MAJOR BARRIERS

- Getting unscreened patients to a clinic visit
- No BPA: a systematic/hard stop
- Insurance not covering this screening yet
- Testing reagent shortage mid-Nov. to mid-Dec.
- Virtual visits inhibiting lab draws

NEXT STEPS

- Increasing patient outreach** will be key to future success. Our clinic has invested resources to increase access to care, such as hiring more patient navigators.
- BPA and Insurance Coverage:** We continue to advocate for automated BPA alerts to be re-introduced and for this USPSTF-recommended screening to be covered by all insurance.